

NOAA DIVING PROGRAM - DIVING INCIDENT REPORT FORM

NOTE: This form shall be used by NOAA Unit Diving Supervisors to report serious diving related injuries including near-drowning, decompression sickness, gas embolism, lung overexpansion, or injuries that require hospitalization. An additional narrative and detailed analysis of the incident MUST be attached. Contact the NOAA Diving Center with questions about whether or not to report an incident.

I. GENERAL INFORMATION ON ACCIDENT VICTIM

DIVER NAME:	DATE & TIME OF INCIDENT:
DIVE UNIT & LOCATION:	NOAA DIVING CERTIFICATION LEVEL:
CURRENT MEDICATIONS:	CURRENT HEALTH PROBLEMS:

NOAA Observer divers and non-NOAA divers complete this section. All other NOAA divers skip to the next section.:

AGE:	SEX: (M/F)	HIGHEST DIVE CERTIFICATION LEVEL:	CERTIFYING AGENCY:
# YEARS DIVING:	TOTAL # DIVES:	# DIVES LAST 6 MONTHS:	PREVIOUS DIVE INCIDENTS & DATE:

II. EQUIPMENT USED BY ACCIDENT VICTIM

BREATHING LOOP: <input type="checkbox"/> Open-Circuit <input type="checkbox"/> Semi-Closed / Closed Circuit <input type="checkbox"/> Surface Supplied <input type="checkbox"/> Snorkel	DIVER DRESS: <input type="checkbox"/> None/Dive Skin <input type="checkbox"/> Wet Suit thickness _____ <input type="checkbox"/> Dry Suit	DIVE CYLINDER TYPE AND SIZE: BREATHING GAS:	CYLINDER PRESSURE IN: CYLINDER PRESSURE OUT:	SEP ISSUED EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DIVER FAMILIAR WITH EQUIPMENT?
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III. DIVE INFORMATION - Incident Dive

NAME - ON-SITE DIVING SUPERVISOR/LEAD DIVER:	AIR TEMP (°F):	WATER TEMP (°F):	U/W VIS (FT):	CURRENT SPEED (KTS):
NAME - DIVE BUDDY:		DIVE PURPOSE & LOCATION:		
DIVE BUDDY AFFILIATION: <input type="checkbox"/> NOAA <input type="checkbox"/> OTHER _____		DIVE PLATFORM:		SURFACE CONDITIONS:
# DIVES, DAY OF INCIDENT:	# DIVES, PREVIOUS DAY:	TYPE OF DIVE: <input type="checkbox"/> Duty <input type="checkbox"/> Non-Duty	DIVE(S) CONDUCTED WITH: <input type="checkbox"/> Dive Tables <input type="checkbox"/> Dive Computer (Model _____)	
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this dive typical of diver's normal type of diving? If NO, explain:				

List any problems encountered during incident dive or previous dives:

IV. DIVE PROFILE(S) - Day of Incident

DIVE #	START TIME	MAX DEPTH (FT)	BOTTOM TIME (MINS)	END TIME	SURFACE INTERVAL (HR:MIN)	DECO STOP? (Y/N)	SAFETY STOP? (Y/N)	STOP PROFILE (DEPTH / TIME)	COLD OR ARDUOUS? (Y/N)	FAST ASCENT? (Y/N)	INCIDENT DIVE? (Y/N)
1.											
2.											
3.											
4.											
5.											
6.											

NOTE: Additional dive profiles for the day of the diving incident can be attached to this form.

V. EMERGENCY PROCEDURES

YES NO

- ☐ ☐ Emergency oxygen available on-site?
- ☐ ☐ Emergency scenarios (low on air, out of air, lost buddy, etc.) discussed with all divers prior to diving operations?

YES NO

- ☐ ☐ Dive accident management plan in place for dive site?
- ☐ ☐ Dive accident management plan reviewed by all divers and support persons prior to diving operations?

VI. SIGNS/SYMPTOMS & ON-SITE MEDICAL TREATMENT

DATE OF INJURY ONSET:	SIGNS, SYMPTOMS, AND LOCATION ON BODY:		
TIME OF INJURY ONSET:			
PRE-DIVE HEALTH, DESCRIBE:	FATIGUE/LACK OF SLEEP PRIOR TO DIVE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	ALCOHOL CONSUMPTION, PREVIOUS 24 HRS:	STRENUOUS EXERCISE 6 HRS PRE OR 12 HRS POST DIVE?: <input type="checkbox"/> YES <input type="checkbox"/> NO
INJURIES SUSPECTED: <input type="checkbox"/> AGE <input type="checkbox"/> DCS <input type="checkbox"/> Other Barotrauma <input type="checkbox"/> None <input type="checkbox"/> Other _____	ON-SITE FIRST AID TREATMENT:		
	ON-SITE OXYGEN ADMINISTRATION: Delivery Method _____ Time Started _____ Time Stopped _____		
	INITIAL EMERGENCY CONTACT (NAME OF PERSON OR AGENCY):		TIME CONTACTED:
	EMERGENCY TRANSPORT METHOD(S):		FIRST AID DURING TRANSPORT:
			TIME TRANSPORT STARTED

VII. MEDICAL INFORMATION - Hospital (Attach ALL ER, Hyperbaric Unit, and follow-up medical records)

HOSPITAL NAME AND LOCATION:	HOSPITAL TREATMENT:	ARRIVAL DATE AT ER:
		ARRIVAL TIME AT ER:
HYPERBARIC UNIT NAME AND LOCATION:	CHAMBER TYPE: <input type="checkbox"/> Monoplace <input type="checkbox"/> Multiplace	CHAMBER TREATMENT: #1 Time Started _____ Time Stopped _____ #2 Time Started _____ Time Stopped _____ #3 Time Started _____ Time Stopped _____
TREATMENT TABLE / DESCRIPTION:	TABLE EXTENSIONS:	RETREATMENT TABLE / DESCRIPTION:
DESCRIBE WHEN RELIEF FROM SYMPTOMS OCCURRED:	DESCRIBE ANY RESIDUAL SYMPTOMS AFTER TREATMENT:	DURATION OF RESIDUAL SYMPTOMS: _____ Days
FINAL DIAGNOSIS: <input type="checkbox"/> DCS I <input type="checkbox"/> AGE <input type="checkbox"/> Other: _____ <input type="checkbox"/> DCS II <input type="checkbox"/> Pulm. Barotrauma _____		

NOTE: A Diving Incident Report shall be completed by the Unit Diving Supervisor and be submitted to their Line Office Diving Officer within 10 days of the diving incident. This report shall consist of the following items:

1. **Diving Incident Report Form**
2. A **cover memorandum** providing a narrative of the diving incident, including a causal analysis and recommendations for prevention of future injuries.
3. **Medical records** associated with any medical treatment of injuries resulting from this incident.

The Line Office Diving Officer shall submit the UDS report, along with their own causal analysis and recommendations for prevention of future injuries to the Director, NOAA Diving Program within 30 days of the incident.

PRINTED NAME - UDS

SIGNATURE - UDS

DATE